L. E. SMOOT MEMORIAL LIBRARY

Group Volunteer Application



(For groups of five or more from the same organization)

Application Date:		
Group Name		
Group Leader Contact Information		
First Name	Last Name	
Address		
City	State	Zip
Phone (Day)	Phone (Evening)	
Email		
work and people are in this group? Are volunteer hours required for this group? Yes, total hours needed Deadline for How often will this group be volunteering? (Example: 2)	ES NO completion	ys)
Has this group participated in volunteer programs bef If YES, what has been the group's experience?		
Please indicate your group's availability.		
Mon: to Tues: to Wed: to 1	Thurs: to Fri: to	Sat to
Is there any thing you would like to share about this g	group?	
Why would this group like to volunteer at the L. E. Sm	noot Memorial Library?	
Upon approval, all volunteers must complete and sub-	mit the Volunteer Agreement	

Please complete the Volunteer Skills Inventory sheet regarding your groups interest(s).

Volunteer Skills/Interest Inventory

Indicate those areas of skill/interest that pertain to you. Mark as many as applicable.

Youth Services	Circulation / Page
Crafts	Adopt-a-shelf (shelf reading)
Displays	Shelving/Sorting
Program Assistance	Library Maintenance
Storytime	Filling book requests
Manga Club	
	Technical Services
Adult Services	Book Processing (Labels)
Crafts	Books Covering
Displays	Mending (Repairs)
Program Assistance	
Reference / IT	Clerical / Admin Work
Database searches	Filing
Genealogy	Photocopying
Local History	Telephoning
Computer Assistance	Creating Book Lists
Internet	Maintaining Outdoor Sign
Email	
Publisher	
Excel	
Social Media	
Resume Help	
Computer Classes	
Please Rank the <u>THREE</u> Department's you would <u>PREFER</u> to work in:	
1:	
2:	
3:	
Other:	



Please attach or write below a list of your group members that will be volunteering. Names and a contact are needed.

NAME	PHONE	AGE (IF UNDER 18)